

BARNSELEY METROPOLITAN BOROUGH COUNCIL

This matter is not a Key Decision within the Council's definition and has not been included in the relevant Forward Plan

REPORT OF THE DIRECTOR OF PUBLIC HEALTH TO CABINET ON 10th JULY 2019

**TITLE: RESPONSE TO THE SCRUTINY TASK AND FINISH GROUP (TFG)
REPORT ON ADULT MENTAL HEALTH CRISIS CARE**

1. PURPOSE OF REPORT

- 1.1 To report progress to Cabinet against the findings and recommendations of the Overview & Scrutiny Committee (OSC) from the investigation undertaken on its behalf by the Adult Mental Health Task & Finish Group (TFG).

2. RECOMMENDATIONS

- 2.1 **Members support the progress made against each of the recommendations and endorse the proposals made to inform local strategy over the next 12 months.**

3. INTRODUCTION

- 3.1 As part of its work programme the OSC agreed to undertake a TFG investigation into adult mental health. This included understanding the broad spectrum of mental health illness and related services, which led to a specific focus on crisis care.
- 3.2 In their report, the TFG acknowledged that demand for mental health services across the continuum is increasing both locally and nationally against a backdrop of limited resource. Whilst recognising that there is evidence of excellent partnership working across the system, the TFG made 10 recommendations to support the continual improvement of services and support to local communities.

4. SPECIFIC RECOMMENDATIONS AND RESPONSES

- 4.1 **Recommendation 1 ACROSS ALL TFGs: A Multi-Agency Conference is held in relation to addressing the complex needs in our communities covering Housing, Substance Misuse and Adult Mental Health.** [A common feature of the OSC TFG's undertaken in 2018-19 on Social Housing, Substance Misuse and Adult Mental Health is the close, cyclical links between them. Each service area has raised challenges in relation to accessing the other services, difficulties in sharing information between them, as well as demands on services which could be avoided. It is therefore recommended that a large conference is held for those working at both a strategic and operational level in these and partner services to come

together and develop an action plan to address some of these issues and monitor this on an ongoing basis.]

This recommendation was made in three Scrutiny Task and Finish Group Reports in relation to housing, substance misuse and mental health. Whilst carried out as separate investigations the discussions and findings demonstrated the significant overlap and interdependencies that exists across these areas. It is recognised that there is further work to be done in relation to addressing the issues and challenges that have been raised across the three areas. This work will be driven through existing mechanisms that are in place namely the Public Sector Housing Task and Finish Group, the Mental Health Crisis Care Concordat Group and the 'complex lives' work stream, where relevant officers and key partners at both strategic and operational levels, will work together to address the issues and identify solutions. The lead officers will take stock of developments and review whether such an event would be of value as this work progresses over the next 12 months.

4.2 Recommendation 2: A Strategic Mental Health Alliance is formed which can oversee all the work that is taking place across the continuum of mental health services and agencies involved in meeting mental health needs.

[The TFG are acutely aware of both the number of agencies undertaking work to support those with mental health needs across the continuum and the challenges they face. The group therefore feel it is important that there is some co-ordinated strategic oversight of this to assist in enabling them to operate effectively, especially given the challenges highlighted in relation to information sharing.]

Proposals were presented to the Health and Wellbeing Board (HWB) in February 2019 regarding the development of a virtual mental health alliance with highlight reporting introduced to improve coordination of activity across the continuum.

This will ensure the HWB is fully updated in terms of what is working well but also where there are risks and most importantly, where the HWB and other agencies can make a difference.

It is proposed that the virtual mental health alliance is achieved through highlight reporting at least every quarterly to be coordinated by public health.

To further inform these proposals, we are learning from 'Thriving Kirklees', 'Thrive West Midlands' and other models and partnerships of local health and wellbeing providers working together to support children, young people and their families to thrive and be healthy. We will review these models and use them to design a resilience framework for Barnsley and to further develop the local mental health alliance.

4.3 Recommendation 3: Focus is given by all agencies to reinvigorate the Barnsley Crisis Care Concordat (CCC). [Linked with recommendation two, the group feel that as well as strategic oversight, there needs to be opportunity for those making decisions at an operational level to communicate, share information and work together to resolve issues arising in dealing with mental health crisis care. It is important that each agency signed up to the CCC sends appropriate representation who can attend consistently and help drive the improvement and efficiency of crisis care responses 24/7; especially as most 999 and 111 calls in relation to mental health occur out of office hours.

Public Health now co-chairs the Suicide Prevention and Crisis Care Concordat strategic group with the CCG. Although the group was reviewed last year, as a result of feedback from the TFG and other national drivers, the terms of reference and membership will be reviewed again to ensure the group is fit for purpose with the correct representation.

- 4.4 **Recommendation 4: Consideration is given to the commissioning of a non-clinical transport service.** [Given the high-demand being placed on police and ambulance services in responding to incidents, the TFG feels that having access to a non-blue light transport service for patients would be beneficial. This would both reduce the amount of inefficient use of police time and provide a more appropriate, discreet response for patients.

The CCG has stated that this is an issue which is highlighted in the NHS Long Term Plan and is being considered by the NHS England Specialised Commissioning Team.

Spot purchasing of such transport already occurs where it is felt appropriate.

- 4.5 **Recommendation 5: Professional Mental Health Workers within the Safer Neighbourhood Service Hub are assigned as part of core funding arrangements.** [Due to the challenges of information sharing and the positive impact having Professional Mental Health Workers in the Hub with access to patient information has, the TFG feel that this professional support should be considered as a core part of this service, rather than something which only has time-limited funding.

Mental health case management capacity has been incorporated into the SNS hub as part of the multi-disciplinary approach developed. The initial inclusion has been directly linked to the Liaison and Diversion team who provide mental health assessment and intervention for those entering police custody with the aim of preventing those suffering from mental health problems being unhelpfully drawn into the criminal justice system.

The resource has proved a valuable added dimension to the SNS however initial funding had only been secured for a fixed term. BMBC will discuss sustainability with the CCG and SWYFT with regards to long term funding of mental health capacity and the inclusion of the mental health workers as part of the Complex Lives offer.

- 4.6 **Recommendation 6: An Elected Member Talkabout is held on Mental Health.** [As a result of the evidence of increases in mental ill-health amongst all our communities across the mental health continuum and the rising demand for services; the TFG feel it would be beneficial for all Members to better understand differing mental health conditions as well as the services available in Barnsley, including the Recovery College which is open to everyone. This session would also provide opportunity for Members to think about their own mental wellbeing and how they can help themselves and others to be more resilient, incorporating elements of Mental Health First Aid (MHFA) Training as well as inviting local speakers to bring to life their experiences of mental illness.]

Public health will develop, deliver and facilitate this session and is working with colleagues in Organisation and Workforce Improvement with regards to confirming a date and an agenda.

4.7 Recommendation 7: The Overview and Scrutiny Committee undertakes further investigation of Adult Mental Health Services as part of its future work programme, with a focus on early intervention and preventative services.

[Given the mental health continuum and acknowledgment of both the spectrum of illness and therefore the appropriate response, the group focused their investigation on crisis care. It is evident that there continues to be challenges of access to mental health services in Barnsley, especially in relation to lower level support services which help to prevent issues escalating, which merit further investigation and clarity.]

50% of mental health problems are established by age 14 and 75% by age 24 (Mental Health Foundation, 2019) which is why a focus on early intervention and prevention is so important with children and young people living in Barnsley.

Building individual resilience so that residents are able to better cope with life's challenges and adversities is a priority for public health and is a priority in the refreshed public health strategy. It is difficult to create a system wide action plan to tackle this issue as what makes one person resilient may be different to another's. Public health is working with partners and colleagues across the council to review success in other areas and learning from work that has already been undertaken across the country including *Thriving Kirklees* and *Thrive West Midlands*. Public health would welcome further support from the OSC in this area.

4.8 Recommendation 8: The Police Crime Panel (PCP) undertakes further investigation into the 'Policing and Mental Health: Picking up the Pieces' report and the implications for local services. [As highlighted by the investigation, there is evidence that issues identified on a national level are present for our local services. Therefore, the TFG would recommend that the findings in this report are explored at a local level and assurance sought in relation to long term solutions being put in place].

The Police and Crime Panel covers the whole of South Yorkshire and so assurance needs to be sought from the other districts that they are agreeable for the Panel to conduct this review particularly because what may be an issue in Barnsley, may not be for Sheffield, for example.

Officers supporting the Police and Crime Panel have stated that capacity to undertake reviews such as this is an issue. That said, the Panel is keen to take on more dedicated pieces of scrutiny work and therefore the Panel will consider the merits of the recommendation, liaise with the other three districts ahead of the OPCC making a final decision.

In the meantime, the Barnsley Suicide Prevention and Crisis Care strategic group will convene a time limited task and finish group to review the report identifying and implications and recommendations locally.

4.9 Recommendation 9: The Council's Elected Member Mental Health Champion and Senior Management Team Champion should lead on driving the Mental Health agenda including acting as an advocate for the above recommendations. [Helping to drive this agenda is a role which is key for both the Council's Elected Member Mental Health Champion, which is currently Cllr Margaret Bruff and the Council's Senior Management Team Champion, which is

currently Wendy Lowder. The TFG recognises the importance of this agenda being driven at a strategic level in support of enabling effective services at an operational level. It is important that these 'Mental Health Champion' roles continue to be assigned appropriately to relevant representatives within the Council.]

Local authorities have a key role in promoting wellbeing and improving mental health in their communities and The Mental Health Challenge (<http://www.mentalhealthchallenge.org.uk/the-challenge/>) was created to provide support and encouragement in taking a proactive approach to this crucial issue.

The Mental Health Challenge began in 2013 and was set up by the Association of Mental Health Providers, the Centre for Mental Health, Mental Health Foundation, Mind, National Survivor User Network, Rethink Mental Illness, the Royal College of Psychiatrists and YoungMinds.

Since then, 120 local councils have signed up each with an elected member champion for mental health.

This is a significant role for an elected member to take on and the TFG report is a timely reminder of the need to review the existing local arrangements regarding leadership at a political and senior management level which will be coordinated by public health.

4.10 Recommendation 10: Steps are taken to ensure that there is access to 24/7 mental health crisis care support, especially out of office hours. [Given the local knowledge and experience of TFG members, as well as the evidence presented, the group constantly highlighted and challenged the importance and availability of access to 24/7 service provision. It was evident that calls for support crisis from the public often occurred out of office hours. This created challenges not only for service users, but also for those trying to provide support having difficulty in contacting other professionals required. By providing effective out of hours support, it is hoped that the need for s136 detentions could be reduced which is of benefit both to service users as well as services themselves.]

The CCG has stated that crisis services are commissioned on a 24/7 basis. It is acknowledged that there are some challenges and issues that need addressing which the Suicide Prevention and Crisis Care Concordat group will examine. A task and finish group will be convened and will start their work by reviewing 'the provision of mental health care to patients presenting at the emergency department' which has been published by the Healthcare Safety Investigation Branch (<https://www.hsib.org.uk/investigations-cases/provision-mental-health-services-emergency-departments/>)

6. IMPLICATIONS FOR LOCAL PEOPLE/SERVICE USERS

6.1 Responding to the recommendations within the OSC TFG report will contribute to addressing the mental health problems residents experience across the borough.

7. FINANCIAL IMPLICATIONS

7.1 There may be financial implications of recommendations 1, 4 and 5 so further consideration will need to be given.

8. EMPLOYEE IMPLICATIONS

- 8.1 The recommendations contained within this report will all have a positive impact on the mental health and wellbeing of employees and their families.

9. LEGAL IMPLICATIONS

- 9.1 A mental health condition is considered a disability if it has a long-term effect on someone's normal day-to-day activity. This is defined under the Equality Act 2010. A mental health condition is 'long term' if it lasts, or is likely to last, 12 months.
- 9.2 If someone's mental illness has a significant, adverse and long-term effect on their ability to carry out normal day-to-day activities, it is likely to be covered by the Disability Discrimination Act

10. CUSTOMER AND DIGITAL IMPLICATIONS

- 10.1 None

11. COMMUNICATIONS IMPLICATIONS

- 11.1 A communication strategy for mental health and wellbeing will be considered in the context of building resilience and reducing stigma.

12. CONSULTATIONS

- 12.1 Colleagues within the council and CCG have been consulted in the production of this report.

13. THE CORPORATE PLAN AND THE COUNCIL'S PERFORMANCE MANAGEMENT FRAMEWORK

- 13.1 The recommendations will contribute to:

- Thriving and Vibrant Economy
- People Achieving Their Potential
- Strong and Resilient Communities

14. PROMOTING EQUALITY, DIVERSITY AND SOCIAL INCLUSION

- 14.1 Engagement will continue with the local mental health forum and other service user groups to ensure the recommendations positively impact on groups where more support is needed including children and young people, middle aged men etc.

15. TACKLING THE IMPACT OF POVERTY

- 15.1 There is a strong socioeconomic gradient in mental health, with people of lower socioeconomic status having a higher likelihood of developing and experiencing mental health problems. Children and adults living in households in the lowest 20% income bracket in Great Britain are two to three times more likely to develop mental health problems than those in the highest (Mental Health Foundation, 2019).

16. TACKLING HEALTH INEQUALITIES

- 16.1 The World Health Organisation defines social determinants of health as the circumstances in which people are born, grow, live, work and age. These conditions are influenced by the distribution of money, power and resources operating at global, national and local levels.

Increasingly, it is recognised that these conditions impact mental (as well as physical) health. Recent research highlights the extent to which life circumstances can determine mental health and create inequalities between societies and communities.

- 16.2 50% of mental health problems are established by age 14 and 75% by age 24 (Mental Health Foundation, 2019).

17. REDUCTION OF CRIME AND DISORDER

- 17.1 People with mental health problems are three times more likely to be victims of crime and more likely to be a repeat victim, experiencing different types of crime. People with mental health problems are more likely to feel the impact of being a victim of crime more acutely and are less likely to get the support they need (Mind, 2018).

18. BACKGROUND PAPERS

Mind (2018). At risk, yet dismissed.

<https://www.mind.org.uk/about-us/our-policy-work/victims-of-crime/>

Mental Health Foundation (2019).

<https://www.mentalhealth.org.uk/statistics/mental-health-statistics-children-and-young-people>

If you would like to inspect background papers for this report, please email governance@barnsley.gov.uk so that appropriate arrangements can be made

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